

County: Waukesha  
 LINDEN GROVE - MUKWONAGO  
 837 COUNTY ROAD NN EAST  
 MUKWONAGO 53149 Phone: (262) 363-6830

Facility ID: 5240

Page 1

Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? Yes  
 Number of Beds Set Up and Staffed (12/31/01): 56  
 Total Licensed Bed Capacity (12/31/01): 56  
 Number of Residents on 12/31/01: 54

Ownership: Non-Profit Corporation  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? Yes  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 54

\*\*\*\*\*

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		46.3
Supp. Home Care-Personal Care	No					1 - 4 Years		44.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		9.3
Day Services	No	Mental Illness (Org./Psy)	42.6	65 - 74	9.3			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	27.8			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	53.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	14.8		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	7.4	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	9.3		-----	RNs		11.1
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		13.0
Other Services	Yes	Respiratory	5.6		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	20.4	Male	14.8	Aides, & Orderlies		
Mentally Ill	No		-----	Female	85.2			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

\*\*\*\*\*

#### Method of Reimbursement

	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Fami ly Care			Managed Care					
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	3	100.0	349	21	91.3	100	0	0.0	0	28	100.0	181	0	0.0	0	0	0.0	0	52	96.3
Intermediate	---	---	---	2	8.7	85	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		23	100.0		0	0.0		28	100.0		0	0.0		0	0.0		54	100.0

\*\*\*\*\*

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	5.1	Daily Living (ADL)	Independent			
Private Home/With Home Health	1.0	Bathing	0.0	85.2	14.8	54
Other Nursing Homes	1.0	Dressing	0.0	85.2	14.8	54
Acute Care Hospitals	84.7	Transferring	13.0	74.1	13.0	54
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	13.0	70.4	16.7	54
Rehabilitation Hospitals	0.0	Eating	72.2	14.8	13.0	54
Other Locations	8.2	*****				
Total Number of Admissions	98	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	5.6	Receiving Respiratory Care		5.6
Private Home/No Home Health	16.0	Occ/Freq. Incontinent of Bladder	61.1	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	26.0	Occ/Freq. Incontinent of Bowel	22.2	Receiving Suctioning		0.0
Other Nursing Homes	1.0			Receiving Ostomy Care		3.7
Acute Care Hospitals	7.0	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	5.6	Receiving Mechanically Altered Diets		24.1
Rehabilitation Hospitals	0.0					
Other Locations	27.0	Skin Care		Other Resident Characteristics		
Deaths	23.0	With Pressure Sores	5.6	Have Advance Directives		96.3
Total Number of Discharges		With Rashes	5.6	Medications		
(Including Deaths)	100			Receiving Psychoactive Drugs		59.3

\*\*\*\*\*

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

\*\*\*\*\*

	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.4	88.1	1.09	84.6	1.14
Current Residents from In-County	72.2	83.9	0.86	77.0	0.94
Admissions from In-County, Still Residing	21.4	14.8	1.45	20.8	1.03
Admissions/Average Daily Census	181.5	202.6	0.90	128.9	1.41
Discharges/Average Daily Census	185.2	203.2	0.91	130.0	1.42
Discharges To Private Residence/Average Daily Census	77.8	106.2	0.73	52.8	1.47
Residents Receiving Skilled Care	96.3	92.9	1.04	85.3	1.13
Residents Aged 65 and Older	100.0	91.2	1.10	87.5	1.14
Title 19 (Medicaid) Funded Residents	42.6	66.3	0.64	68.7	0.62
Private Pay Funded Residents	51.9	22.9	2.26	22.0	2.36
Developmentally Disabled Residents	0.0	1.6	0.00	7.6	0.00
Mentally Ill Residents	42.6	31.3	1.36	33.8	1.26
General Medical Service Residents	20.4	20.4	1.00	19.4	1.05
Impaired ADL (Mean) *	47.4	49.9	0.95	49.3	0.96
Psychological Problems	59.3	53.6	1.11	51.9	1.14
Nursing Care Required (Mean) *	5.6	7.9	0.70	7.3	0.76